

PROPERTY CHECK LIST

Must be completed and Returned to AMC within 3 days

Property: _____

Inspection Date: _____

Current Tenant: _____

	Working	Needs Repair		Working	Needs Repair
KITCHEN			BEDROOM # 2		
Stove			Windows		
Refrigerator			Flooring		
Kitchen Sink			Outlets		
Kitchen Outlets					
Dishwasher			BEDROOM # 3		
FRONT ROOM			Windows		
Outlets			Flooring		
Carpet (no stains, holes, etc)			Outlets		
No broken windows					
No holes in walls			Heating/A/C		
BATHROOM					
Outlets					
Carpet or linoleum floors (no stains, holes, etc)			OUTSIDE		
No broken windows, mirrors			Yard – Grass		
No holes in walls			Sprinklers		
Toilet			Fence		
Bathtub, Shower			Flowers		
BEDROOM # 1			Garage/Car Port		
Windows					
Flooring					
Outlets					

Date Tenant

Co-Tenant